

1500 E 6TH AVE  
PO BOX 200139  
HELENA MT 59620-0139  
(406) 444-3134

**TRS Office Use Only**

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Completion of this form certifies that you are the member/retiree/beneficiary of the Montana Teachers' Retirement System (TRS) account in question or hold a power of attorney or guardianship (*legal documentation must be provided or already on file with TRS*) for a member/retiree/beneficiary of the TRS and authorize the TRS to release confidential information to the person, entity or employer listed below.**

**(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)**

**Member/Retiree/Beneficiary Personal Data**

(Name)

(Date of Birth)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

( ) -  
(Area Code & Telephone Number)

**Power of Attorney/Guardian Personal Data (if applicable)**

(Name)

( ) -  
(Area Code & Telephone Number)

(Home Mailing Address)

(City, State & Zip Code)

I hereby authorize the Montana TRS to release account information for the above named member/retiree/beneficiary to \_\_\_\_\_

\_\_\_\_\_, and  
(Person, Employer or Entity)

(Person, Employer or Entity)

**(Member/Retiree/Beneficiary Signature)**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date)

**(Power of Attorney/Guardian Signature)**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST